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AGRICULTURAL COMMISSIONER  
SEALER OF WEIGHTS  
AND MEASURES

*County of San Diego*  
DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES  
5555 Overland Ave., Bldg. 3, San Diego, CA 92123-1292

AGRICULTURE  
(858) 694-2739  
FAX  
(858) 565-7046  
WEIGHTS & MEASURES  
(858) 694-2778  
FAX  
(858) 505-6484

**CONSUMER COMPLAINT**

PLEASE PRINT

COMPLAINT # \_\_\_\_\_

IN ORDER FOR US TO INVESTIGATE YOUR COMPLAINT, PLEASE COMPLETE THE APPROPRIATE SECTIONS AND PROVIDE ANY WRITTEN DOCUMENTATION THAT SUPPORTS YOUR COMPLAINT.

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number where you can be reached from 8:00 AM to 5:00 PM: ( \_\_\_\_\_ ) \_\_\_\_\_

I HAVE A COMPLAINT AGAINST:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_


Have you contacted the responsible party? ☐ YES ☐ NO

Please describe your complaint (Attach a separate sheet if needed):

**Return This Completed Form To:**  
Standards Enforcement Division  
5555 Overland Avenue, Building 3  
San Diego, CA 92123-1292  
Phone (858) 694-2778 FAX (858) 505-6484

**Gas Station/Gas Contamination Section** (Also, please describe your complaint in the above section).

TYPE OF FUEL: ☐ Gasoline ☐ Diesel OCTANE (Please circle): 87 88 89 90 91 92 Other\_\_\_\_  
Pump # \_\_\_\_\_ If you do not know the specific pump number, please draw pump layout and circle the suspected pump, according to the example below.

	<b>EXAMPLE</b> x = Pump Layout O = Suspected Pump	<b><u>DRAW PUMP LAYOUT</u></b>																			
	<p>Main Avenue</p> <table border="1"><tr><td>x</td><td>x</td><td>x</td><td></td><td>x</td><td>x</td><td>x</td></tr><tr><td>x</td><td></td><td>O</td><td>x</td><td></td><td></td><td></td></tr><tr><td>x</td><td>x</td><td>x</td><td></td><td></td><td></td><td></td></tr></table> <p>Station Office</p>		x	x	x		x	x	x	x		O	x				x	x	x		
x	x	x		x	x	x															
x		O	x																		
x	x	x																			

(REV. 7/98)

Device Type:				Last Inspection Date:				
Device Identifier	Security Seal			Test Results	Pass	Fail	Computation	
	Intact	Broken	N/A				Device	Console

**OTHER OBSERVATIONS/VIOLATIONS**    ☐ Yes   ☐ No    Explain:\_\_\_\_\_

\_\_\_\_\_

**PETROLEUM:** Sample taken from dispenser #\_\_\_\_\_Truck #\_\_\_\_\_Water present: ☐ Yes   ☐ No  
 Grade of fuel:\_\_\_\_\_Type of Fuel:\_\_\_\_\_ ☐ other (explain)\_\_\_\_\_  
 Visual inspection:    ☐ clear   ☐ cloudy    ☐ no sediment    ☐ sediment    color:\_\_\_\_\_

Storage Tank Inspected (Grade and/or product)	Inches of Product	Inches of Water
1.		
2.		
3.		
4.		

Octane posted:\_\_\_\_\_Price per gallon:\$\_\_\_\_\_Date sent for analysis:\_\_\_\_\_  
 Address where sample sent:\_\_\_\_\_  
 Date analysis results received:\_\_\_\_\_Lab Sample Number:\_\_\_\_\_Violations found: ☐ Yes   ☐ No  
 Explain:\_\_\_\_\_

☐ **QUANTITY CONTROL**                      ☐ **WEIGHMASTER**  
 Circle: overcharge/undercharge:    ☐ Scanner    ☐ PLU    ☐ Price (explain):\_\_\_\_\_  
☐ Underpayment (explain):\_\_\_\_\_

Kind, Type &/or Brand of Item	Size, Color, Code, etc.	Price		Error	
		Charged	Advertised	<u>Under charge/</u> <u>Under paid</u>	<u>Over charge/</u> <u>Over paid</u>
1.					
2.					
3.					
4.					

Explanation:\_\_\_\_\_

\_\_\_\_\_

Violations:    ☐ Yes    ☐ No    Explain:\_\_\_\_\_

Complainant Contacted by:    ☐ Telephone    ☐ Letter    ☐ Person    Date of contact:\_\_\_\_\_

Follow-up required:    ☐ Yes    ☐ No

Inspector:\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Supervising Agricultural/Standards Inspector